Original - Court 1st copy - Prisoner 2nd copy - Department of Corrections 3rd copy - Return to court

Approved, SCAO

**STATE OF MICHIGAN** JUDICIAL DISTRICT

## REQUEST FOR PERSONAL SERVICE

CASE NO.

JUDICIAL CIRCUIT COUNTY PROBATE	ON PRISONER AND AFFID	
Court address		Court telephone no.
Plaintiff(s)	V	ndant(s)
☐ Juvenile In the matter of		
	REQUEST	
To the Warden/Administrator of $\_$ $_{\overline{\text{Name}}}$	of correctional institution	
You must serve		
together with		
onName of prisoner and prisoner identification r	number (if known)	within days. Upon service, you must
complete and file the affidavit below with	h the court clerk. If you are unable	to complete service for some reason, you must
return the original papers and all copies	to the court clerk.	
Date	Court clerk	
	AFFIDAVIT OF SERVIC	E
I state that I am a legally competent adult	who is not a party or an officer of a co	orporate party, and that I personally served the above
named papers and attachments, if any,	onName of prisoner and prisoner identification	ation number (if known)
on		
	Signature	
	Name (type o	or print)
Subscribed and sworn to before me on	Date , County a	and state
My commission expires:		